Submit to Appropriate District Office State Lease - 6 copies Fee Lease - 5 copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-105 Revised 1-1-89

DISTRICT I DISTRICT II

OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088

	WELL API NO.
	30-025-26523
	5. Indicate Type of Lease STATE FEE F
	6. State Oil / Gas Lease B-9311
	1. 13 可以在18.11 19.11 14.25 14.45 14.45 14.25 14.25 14.25 14.25 14.25 14.25 14.25 14.25 14.25 14.25 14.25 14.25
	7. Lease Name or Unit Agreement Name
-	MEXICO 'J'
	8. Well No. 26
	9. Pool Name or Wildcat

Santa Fe, New Mexico 87504-2088 P.O. Box Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 WELL COMPLETION OR RECOMPLETION REPORT AND LOG 1a. Type of Well: OIL WELL GAS WELL DRY OTHER OTHER b. Type of Completion: **PLUG** DIFF NEW WELL BAÇK 🗹 WORKOVER RES. DEEPEN 2. Name of Operator CHEVRON USA INC 3. Address of Operator 15 SMITH RD, MIDLAND, TX 79705 DOLLARHIDE DEVONIAN 4. Well Location Unit Letter M : 990 Feet From The SOUTH Line and 990 __Feet From The WEST _____Township 24S NMPM ___ LEA COUNTY _____ Range 38E Section 32 14. Elev. Csghead 10. Date Spudded 13. Elevations (DF & RKB, RT, GR, etc.) 11. Date T.D. Reached 12. Date Compl. (Ready to Prod.) 2/15/2007 3139' 2/23/2007 15. Total Depth 16. Plug Back T.D. 17. If Mult. Compl. How Many Zones? Cable Tools Rotary Tools 18. Intervals 8365 Drilled By 8750' 20. Was Directional Survey Made 19. Producing Interval(s), of this completion - Top, Bottom, Name 7460-7656' DEVONIAN 22. Was Well Cored 21. Type Electric and Other Logs Run GR/CBL/ 23. CASING RECORD (Report all Strings set in well) **DEPTH SET** WEIGHT LB./FT. HOLE SIZE CEMENT RECORD AMOUNT PULLED CASING SIZE NO CHANGE 24. 25. **TUBING RECORD** LINER RECORD SIZE воттом SACKS CEMENT SCREEN **DEPTH SET** PACKER SET TOP SIZE 7397' 2 7/8" ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. 26. Perforation record (interval, size, and number) DEPTH INTERVAL 7460-7467, 7470-7478, 7642-7656, AMOUNT AND KIND MATERIAL USED 7460-7656' ACIDIZE W/1500 GALS 15% HCL **PRODUCTION** Well Status (Prod. or Shut-in) Date First Production Production Method (Flowing, gas lift, pumping - size and type pump) 3/1/2007 PUMPING Hours tested Choke Size Prod'n For Oil - Bbl. Gas - MCF Date of Test Water - Bbl. Gas - Oil Ratio 24 HRS **Test Period** 26 3-12-07 8 276 Flow Tubing Press. Casing Pressure Calculated 24-Oil - Bbl. Gas - MCF Oil Gravity - API -(Corr.) Water - Bbl. Hour Rate 29. Disposition of Gas (Sold, used for fuel, vented, etc.) Test Witnessed By SOLD 30. List Attachments 31. I hereby certify that the information on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE Regulatory Specialist DATE 3/14/2007 Denise Pinkerton RINT NAME Telephone No. 432-687-7375